

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 4159 / 11456

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

DNC Services Corp./Dem. Nat'l Committee

**A.**

Full Name (Last, First, Middle Initial)

Doris Latham

Mailing Address 450 Island Rd 43

City

Ramsey

State

NJ

Zip Code

07446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 8

Transaction ID: 20209543

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela Latham

Mailing Address 12661 Stanwood Dr

City

Los Angeles

State

CA

Zip Code

90066

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 5 / 2 0 0 8

Transaction ID: 20089544

Amount of Each Receipt this Period

200.80

**C.**

Full Name (Last, First, Middle Initial)

Robert Latham

Mailing Address 6527 Cloverbrook Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St. Thomas Hospital

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 9 / 2 0 0 8

Transaction ID: 20060040

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.80

**TOTAL** This Period (last page this line number only) .....